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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/539,672	06/14/2005	•	Peter Gerardus Cox		1-2002.024 US	4775
TITLE OF INVENTION	I: MASTITIS TREATM	ENT				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	06/23/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS]		
JEAN-LOUIS	, SAMIRA JM	1627	514-171000	,		
"Fee Address" inc PTO/SB/47: Rev 03- Number is required 3. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI	AND RESIDENCE DAT. less an assignee is ident th in 37 CFR 3.11. Com	"Indication form hed. Use of a Customer A TO BE PRINTED ON tified below, no assignee pletion of this form is NO	(1) the names of up to or agents OR, alternative (2) the name of a single registered attorney or a 2 registered attorney or a 2 registered patent atto listed, no name will be THE PATENT (print or type data will appear on the part of t	wely, e firm (having as a agent) and the name rineys or agents. If n printed. be) atent. If an assigne assignment. ' and STATE OR CO	member a 2s of up to o name is 3e is identified below, the d	
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